

(iii) Designate certain providers or categories of admissions for review prior to admission.

**§ 456.143 Content of medical care evaluation studies.**

Each medical care evaluation study must—

(a) Identify and analyze medical or administrative factors related to the hospital's patient care;

(b) Include analysis of at least the following:

(1) Admissions;

(2) Durations of stay;

(3) Ancillary services furnished, including drugs and biologicals;

(4) Professional services performed in the hospital; and

(c) If indicated, contain recommendations for changes beneficial to patients, staff, the hospital, and the community.

**§ 456.144 Data sources for studies.**

Data that the committee uses to perform studies must be obtained from one or more of the following sources:

(a) Medical records or other appropriate hospital data;

(b) External organizations that compile statistics, design profiles, and produce other comparative data;

(c) Cooperative endeavors with—

(1) PROs;

(2) Fiscal agents;

(3) Other service providers; or

(4) Other appropriate agencies.

[43 FR 45266, Sept. 29, 1978, as amended at 51 FR 43198, Dec. 1, 1986]

**§ 456.145 Number of studies required to be performed.**

The hospital must, at least, have one study in progress at any time and complete one study each calendar year.

**Subpart D—Utilization Control:  
Mental Hospitals**

**§ 456.150 Scope.**

This subpart prescribes requirements for control of utilization of inpatient services in mental hospitals, including requirements concerning—

(a) Certification of need for care;

(b) Medical evaluation and admission review;

(c) Plan of care; and

(d) Utilization review plans.

**§ 456.151 Definitions.**

As used in this subpart:

*Medical care appraisal norms* or *norms* means numerical or statistical measures of usually observed performance.

*Medical care criteria* or *criteria* means predetermined elements against which aspects of the quality of a medical service may be compared. These criteria are developed by health professionals relying on their expertise and the professional health care literature.

**CERTIFICATION OF NEED FOR CARE**

**§ 456.160 Certification and recertification of need for inpatient care.**

(a) *Certification.* (1) A physician must certify for each applicant or recipient that inpatient services in a mental hospital are or were needed.

(2) The certification must be made at the time of admission or, if an individual applies for assistance while in a mental hospital, before the Medicaid agency authorizes payment.

(b) *Recertification.* (1) A physician, or physician assistant or nurse practitioner (as defined in § 491.2 of this chapter) acting within the scope of practice as defined by State law and under the supervision of a physician, must recertify for each applicant or recipient that inpatient services in a mental hospital are needed.

(2) Recertification must be made at least every 60 days after certification.

[46 FR 48561, Oct. 1, 1981]

**MEDICAL, PSYCHIATRIC, AND SOCIAL  
EVALUATIONS AND ADMISSION REVIEW**

**§ 456.170 Medical, psychiatric, and social evaluations.**

(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must make a medical evaluation of each applicant's or recipient's need for care in the hospital; and appropriate professional personnel must make a psychiatric and social evaluation.

(b) Each medical evaluation must include—

(1) Diagnoses;

(2) Summary of present medical findings;

(3) Medical history;